

UTAH DEPARTMENT OF WORKFORCE SERVICES
UNEMPLOYMENT INSURANCE
C.O. REQUEST FOR WAGE INFORMATION

A W

Date:

CLAIMANT:

SS#

(please verify)

Corrected SS# _____

**Complete and Fax or Mail this for
within 48 hours from when received**

UTAH DEPT. of WORKFORCE SERVICES
P.O. Box 45277
SALT LAKE CITY UT 84145
Tel. (801) 526-9530
Fax (801) 526-9394

DWS OFFICE USE ONLY:

DWS Repr # _____ Init. _____

Mon. Det.: ☐ Yes ☐ No

Please verify your employer account number:

Correct? ☐ Yes ☐ No

Effective Date of Claim:

This claimant has applied for unemployment benefits and indicated employment with your company. We do not have a complete report of wages on this individual for the calendar quarters shown below. We need this information to complete a monetary determination of this person's potential benefits (who also must meet eligibility requirements). A \$50.00 fine may be assessed under Section 35A-4-305 of the Utah Employment Security Act for failure to return this completed report within 48 hours from when received. Your prompt cooperation will be appreciated.

A. Date hired _____ Last day worked _____

B. Any company pension or retirement benefits being paid or due within the next year? ☐ Yes ☐ No

If "Yes," effective date _____ Monthly amount \$ _____ or Lump Sum \$ _____

C. Enter **Utah** gross wages paid to this employee for the calendar quarters indicated. (Show wages reported to another state for these quarters in **Remarks**.)

OFFICE CODES	CALENDAR QUARTERS		QTR /YR	UTAH GROSS WAGES (If no wages, write "none")	DWS OFFICE USE ONLY
	BEGINNING	ENDING			

Remarks _____

I certify that the above information is true and correct to the best of my knowledge. I understand that the law provides penalties for false statements made to avoid or reduce the payment of benefits or the payment of contributions.

Signed _____ Printed Name _____

Title _____ Tel.# _____ Date _____